PTO/SB/06 (08-00)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD A01172US OTHER THAN **CLAIMS AS FILED - PART I SMALL ENTITY** OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE **BASIC FEE** \$740 370 OR. (37 CFR 1.16(a)) **TOTAL CLAIMS** minus 20 = 43 23 x \$9 OR (37 CFR 1.16(c)) 414 INDEPENDENT CLAIMS 4 1 minus 3 x84 =× <u>42</u>= OR 84 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 140 OR -280= 1,238 00 If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN **SMALL ENTITY** OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL **AMENDMENT** RATE **AFTER PREVIOUSLY EXTRA** FEÈ FEE AMENDMENT PAID FOR Total OR Minus (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR (Column 1) ADDIT. FEE (Column 2) (Column 3) ADDIT. FEE CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE RATE TIONAL **AMENDMENT** AFTER PREVIOUSLY **EXTRA** FEE **FEE** AMENDMENT PAID FOR Total (37 CFR 1.16(c)) OR Minus = OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR OR IO... TOTAL (Column 1) ADDIT. FEE (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL AMENDMENT AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT **PAID FOR** OR Total Minus = OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. ADDIT, FEE

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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